

CLAIMS ONLY							Application Number 10/134 919	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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21							71					
22							72					
23							73					
24	✓	✓					74					
25							75					
26			✓	✓			76					
27			✓	✓			77					
28			✓	✓			78					
29			✓	✓			79					
30							80					
31							81					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1						Total Indep					
Total Depend	6						Total Depend					
Total Claims	7						Total Claims					